



COPY OF PAPERS
ORIGINALLY FILED

February 21, 2002

Receipt

Hodgson Russ
ATTORNEYS • LLP

Application Processing Division
Customer Correction Branch
Commissioner of Patents and Trademarks
Washington, DC 20231

RECEIVED.

MAR 28 2002

Technology Center 2100

Sir:

Re: Application of John B. Boden
U.S. Nonprovisional Patent Application
Serial No.: 09/922,827 Filed: August 6, 2001

Upon review of the nonprovisional application filing receipt for the above-identified application (copy enclosed), please correct the applicants to read:

JOHN B. BODEN, LIGHTHOUSE POINT, FL;

Please provide us with a corrected filing receipt as soon as possible.

Respectfully submitted,

Suzy L. Fiorello
Intellectual Property Records Specialist

/slf

BFLODOCS 662783v1 (#7#N01!.DOC)

COPY OF PAPERS
ORIGINALLY FILED

UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/922,827	08/06/2001	2166	735	32262. OCC6	40	40	8

CONFIRMATION NO. 8862

CORRECTED FILING RECEIPT



OC00000007308235

John M. Del Vecchio
Hodgson Russ LLP
One M&T Plaza, Suite 2000
Buffalo, NY 14203-2391

RECEIVED
JAN 22 2002

Date Mailed: 01/15/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

John B. Boden, Lighthouse Point, FL;

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/223,140 08/07/2000

RECEIVED

MAR 28 2002

Foreign Applications

Technology Center 2100

If Required, Foreign Filing License Granted 09/13/2001

Projected Publication Date: 02/07/2002

Non-Publication Request: No

Early Publication Request: No

Title

System, method, and computer program product for assisting caregivers

Preliminary Class

705



UNITED STATES PATENT AND TRADEMARK OFFICE

FILE COPY

COMMISSIONER FOR PATENTS
 UNITED STATES PATENT AND TRADEMARK OFFICE
 WASHINGTON, D.C. 20231
 www.uspto.gov

HS
JL
14/02



Bib Data Sheet

CONFIRMATION NO. 8862

SERIAL NUMBER 09/922,827	FILING DATE 08/06/2001 RULE	CLASS 705	GROUP ART UNIT 2166	ATTORNEY DOCKET NO. 32262.
-----------------------------	-----------------------------------	--------------	------------------------	----------------------------------

APPLICANTS

John B. Boden, Lighthouse Point, FL;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/223,140 08/07/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/13/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	FL	40	40	8
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

John M. Del Vecchio
 Hodgson Russ LLP
 One M&T Plaza, Suite 2000
 Buffalo , NY 14203-2391

TITLE

System, method, and computer program product for assisting caregivers

FILING FEE RECEIVED 735	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-------------------------------	---	---